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Understanding the Value of Multi-Sector Health System Interactions

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Understanding the Value of Multi-Sector Health System Interactions

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Data! Fostering Health Innovation in Kentucky and Ohio
Thursday, October 29, 2015



More than

75%

**of total U.S. health care costs derive from
preventable conditions**

Thorpe KE, Odgen L. What accounts for the rise in health care spending?
Emory University, 2008.

Less than

30%

**of total U.S. health expenditures are devoted
to public health & prevention**

U.S. communities that increased investments in public health activities by 10% experienced an

80%

**reduction in preventable mortality rates
over 15 years**

Mays GP, Smith SA. Evidence links increases in public health spending to declines in preventable deaths. *Health Affairs*. 2011

**Every \$10 invested in local public health
infrastructure in the U.S. generated at least**

\$9.2

in medical cost offsets over the next 15 years

Mays GP, Smith SA. Geographic variation in public health spending: correlates and consequences. *Health Services Research* 2009.

**Of the core public health activities delivered
in the average U.S. community**

62%

**are contributed by partners outside
the public health sector.**

Mays GP et al. Economic shocks and public health protections in U.S. metropolitan areas.
American Journal of Public Health. 2015

Improving population health requires multi-organizational networks

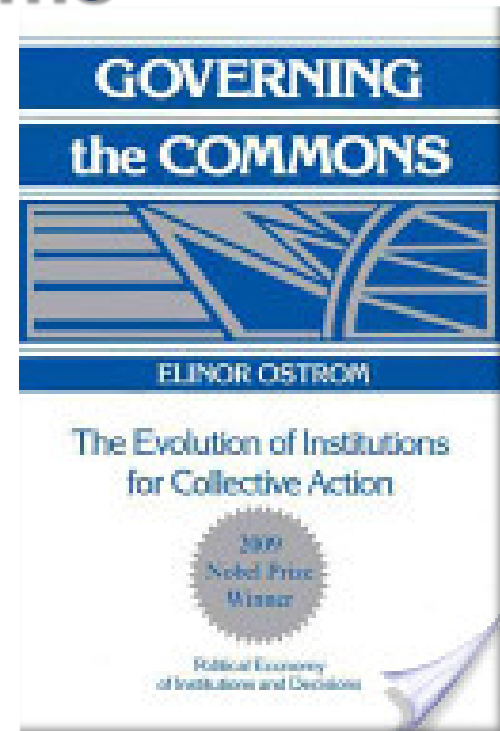
- Designed to achieve **large-scale** health improvement: neighborhood, city/county, region
- Target **fundamental** and often **multiple** determinants of health
- Mobilize the **collective actions** of multiple stakeholders in government & private sector
 - Usual and unusual suspects
 - Infrastructure & support

Mays GP. Governmental public health and the economics of adaptation to population health strategies. National Academy of Medicine. February 2014.

<http://nam.edu/wp-content/uploads/2015/06/EconomicsOfAdaptation.pdf>

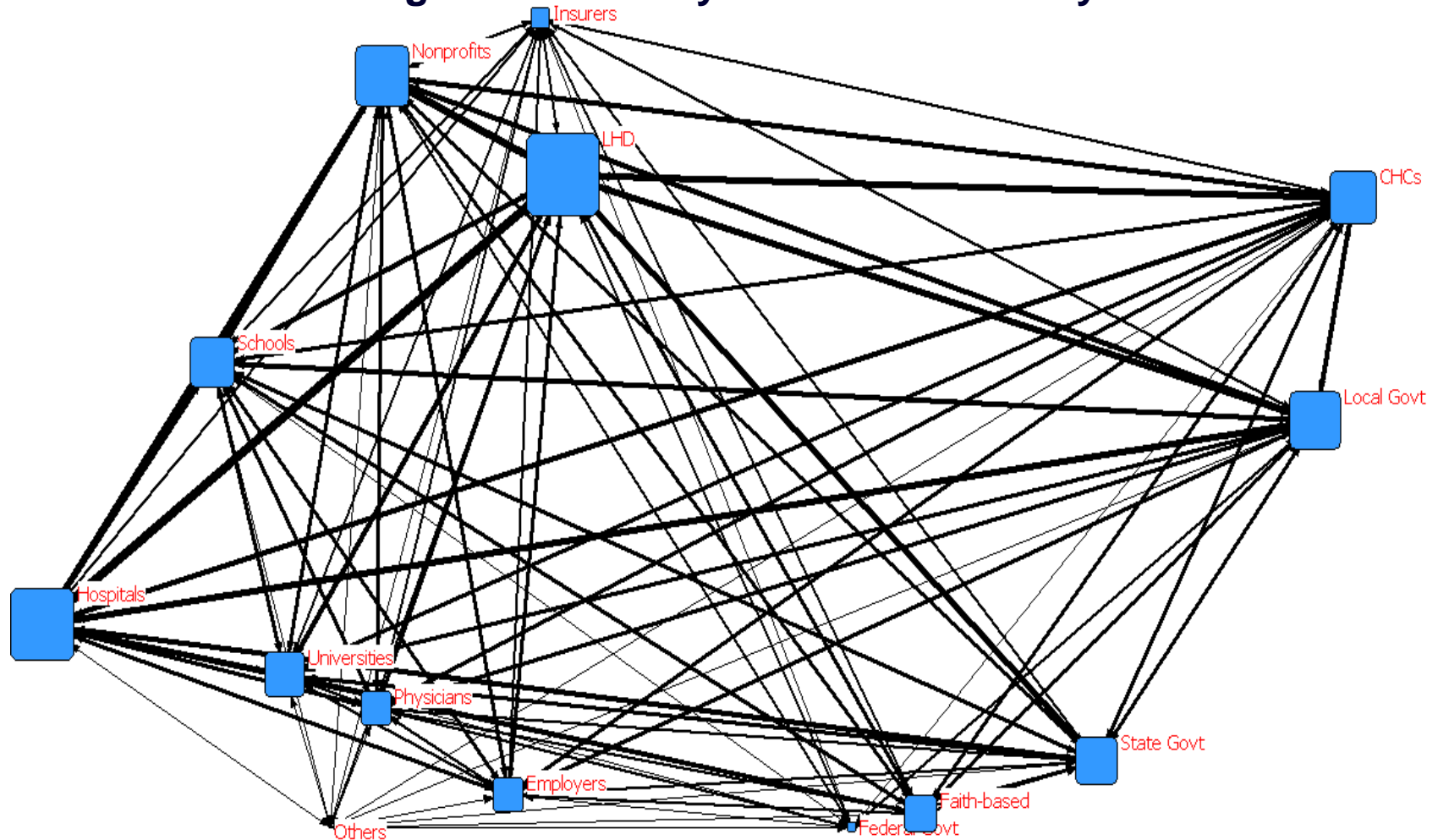
Using data to overcome collective action problems

- Incentive compatibility → public goods
- Concentrated costs & diffuse benefits
- Time lags: costs vs. improvements
- Uncertainties about what works
- Asymmetry in information
- Difficulties measuring progress
- Weak supporting institutions & infrastructure
- Imbalance between resources vs. needs
- Stability & sustainability of funding



Mapping who contributes to population health

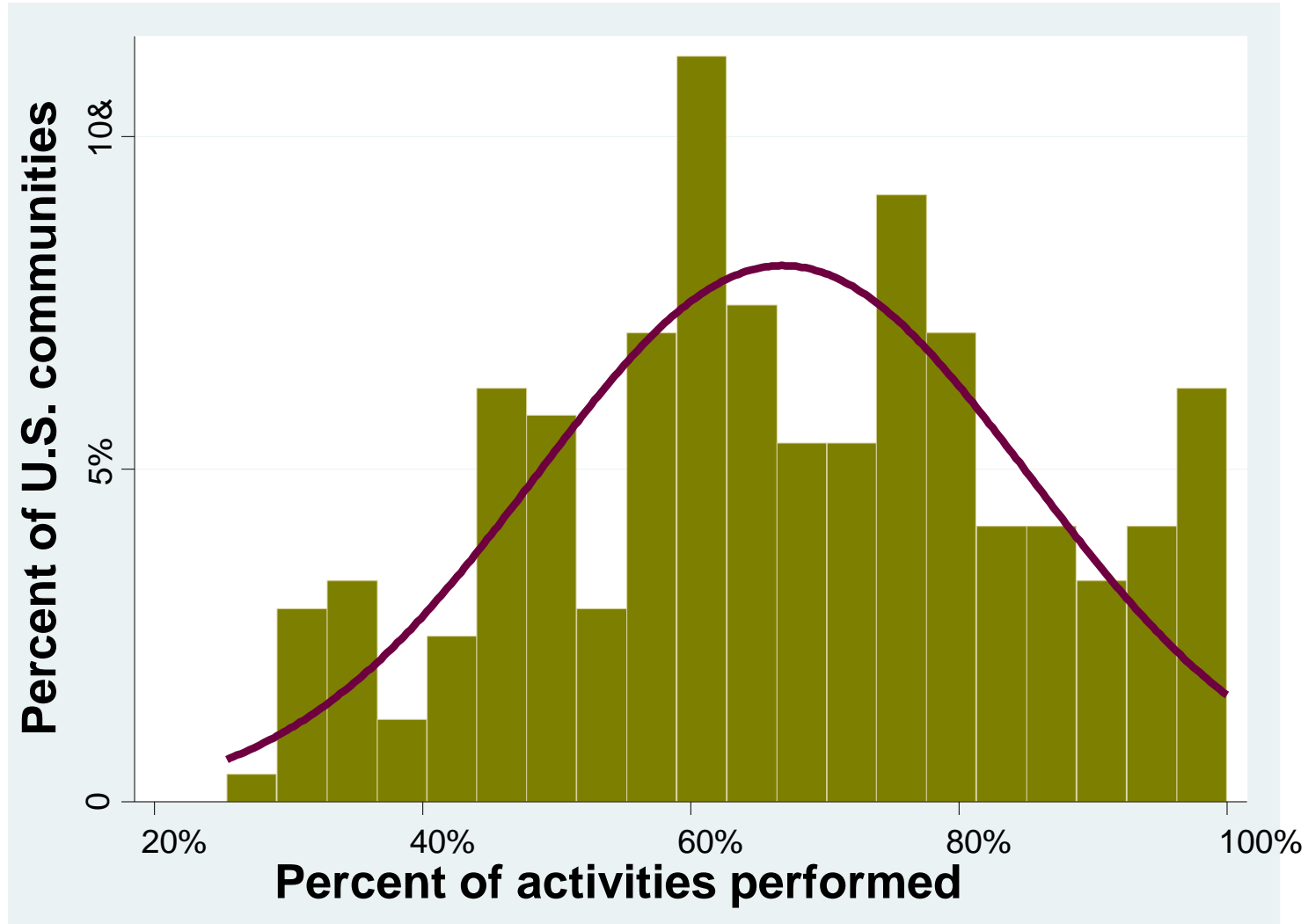
National Longitudinal Survey of Public Health Systems



Node size = centrality of organization in network
Line size = % activities jointly contributed (tie strength)

Understanding variation in partnership performance

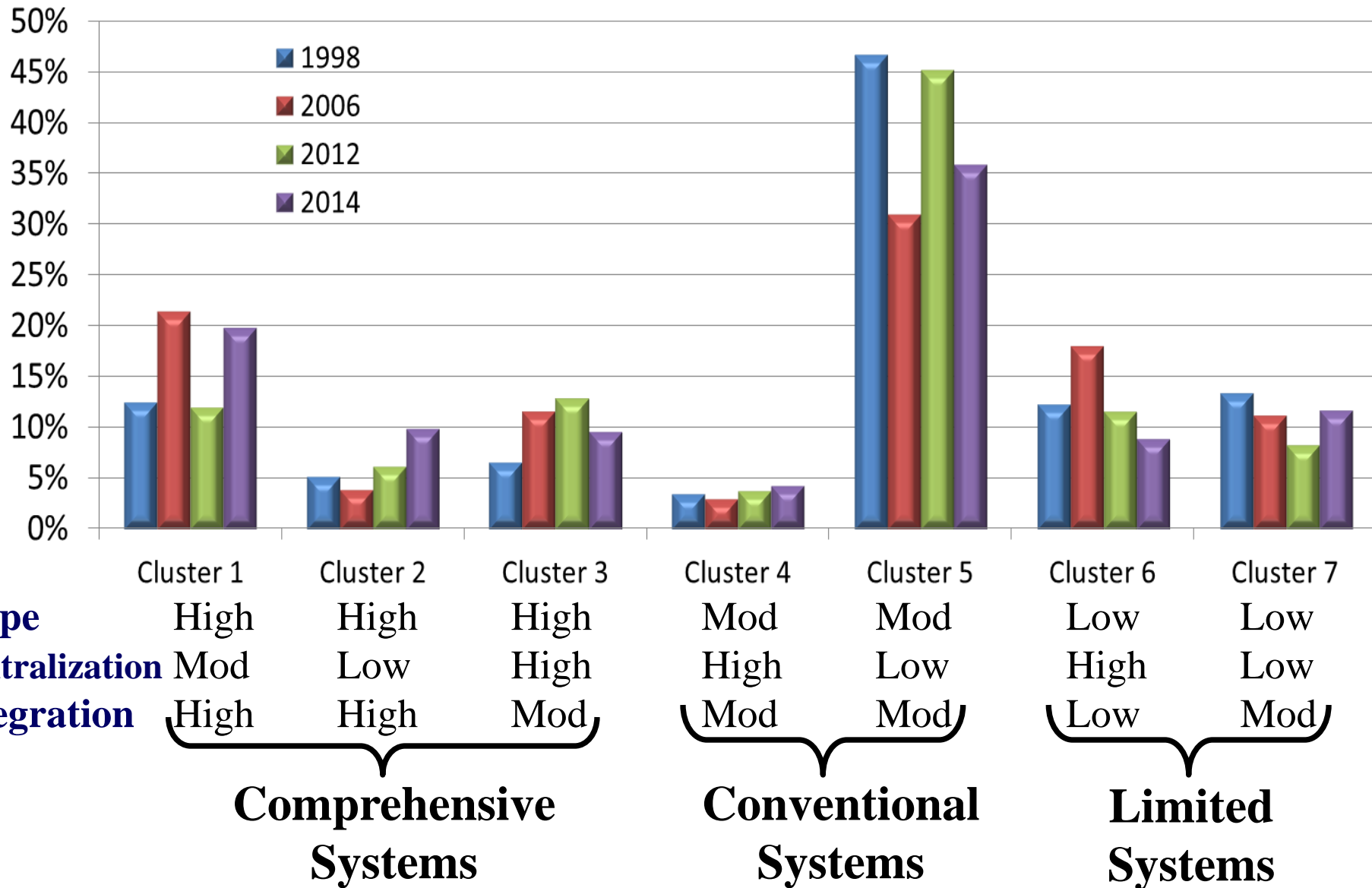
National Longitudinal Survey of Public Health Systems



National Longitudinal Survey of Public Health Systems, 2014

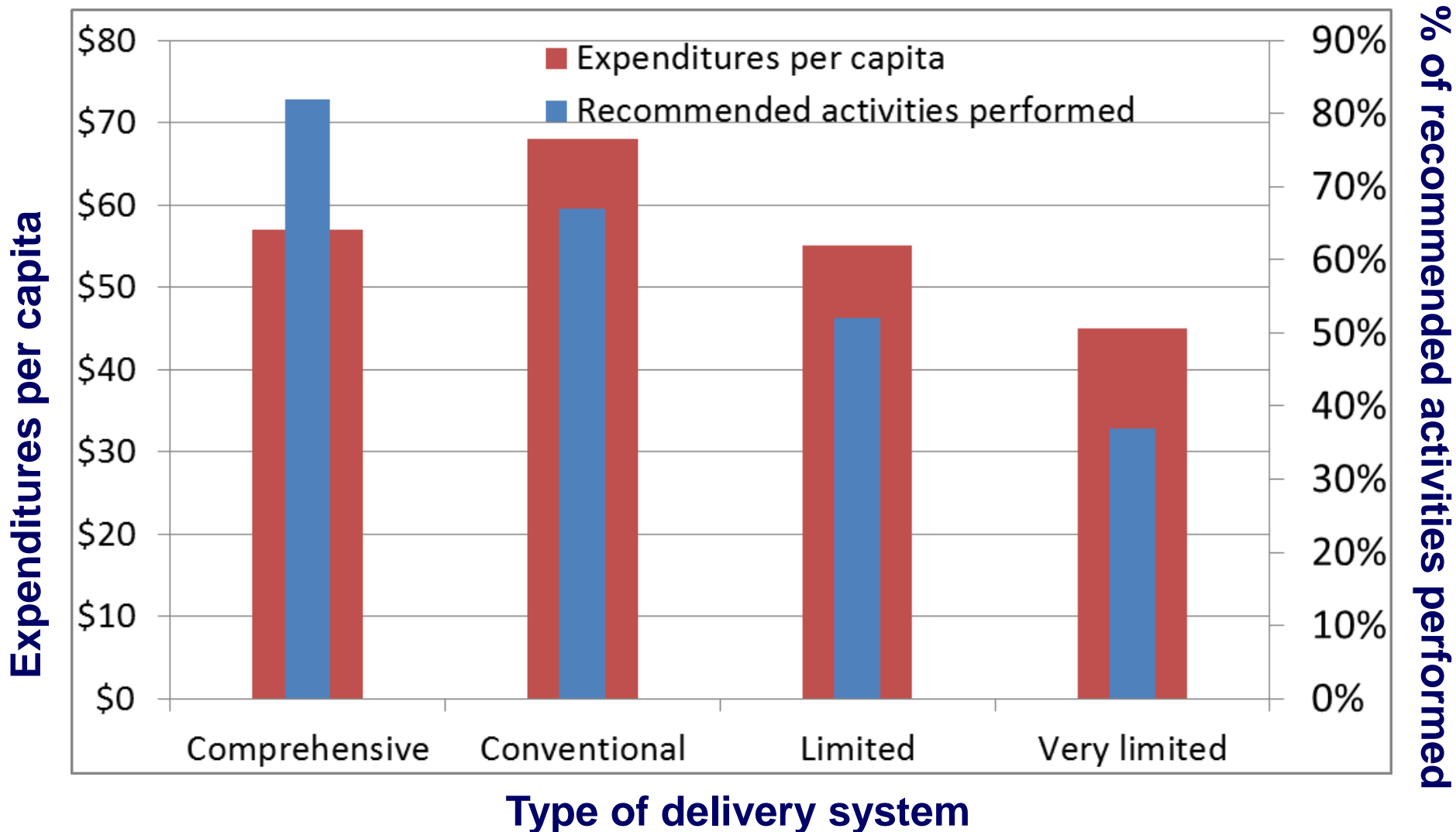
Classifying partnership configurations

Typology of U.S. Public Health Delivery Systems, 1998-2014



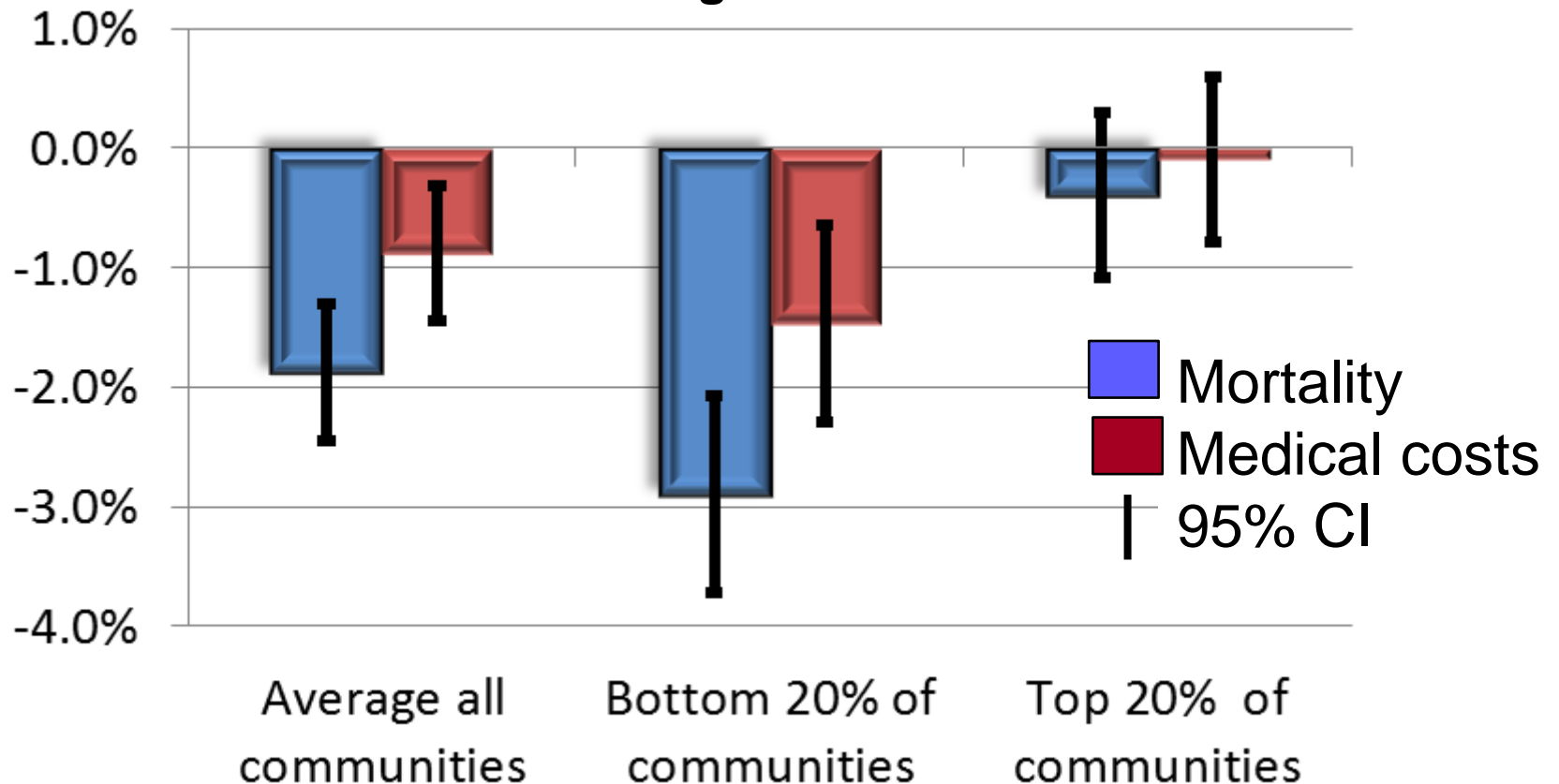
Estimating value: Comprehensive system partnerships do more with less

National Longitudinal Survey of Public Health Systems, 2014



Making the case for equity: larger gains in low-resource communities

Effects of Comprehensive Public Health Systems in Low-Income vs. High-Income Communities



Log IV regression estimates controlling for community-level and state-level characteristics

The policy implications in our data

- Making the case: public health is a good buy
- Getting beyond gridlock: government vs. private sector
- Identifying shared interests and goals
- Peer pressure: benchmarking & comparisons
- Recognizing and rewarding collaboration
- Targeting areas for improvement
- Addressing inequities & disparities



For More Information

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National Coordinating Center

Systems for Action

Systems and Services Research to Build a Culture of Health

Supported by The Robert Wood Johnson Foundation

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